



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096800001

CITY OR TOWN PHILLIPSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KING PHILLIP RESTAURANT & MOTEL INC

DOING BUSINESS AS KING PHILLIP RESTAURANT & MOTEL

ADDRESS RTE. 2 FOUR CORNERS

CITY/TOWN: PHILLIPSTON

STATE: MA

ZIP CODE: 01331

MANAGER: TWOHEY, CRAIG TYPE OF LICENSE: Innholder
S.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIVE ROOMS FIRST FLOOR, CELLAR BANQUET ROOM AND STORAGE. TWELVE MOTEL
ROOMS. To include service & seating in the outdoor area.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096800003

CITY OR TOWN PHILLIPSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LAMB CITY VARIETY, INC.

DOING BUSINESS AS

ADDRESS ROYALSTON RD

CITY/TOWN: PHILLIPSTON

STATE: MA

ZIP CODE: 01331

MANAGER: BLAKE, J.
THEODORE

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM ON THE FIRST FLOOR.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096800006

CITY OR TOWN PHILLIPSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: KATS BAA, LLC

DOING BUSINESS AS KATS BAA

ADDRESS 85 ROYALSTON RD

CITY/TOWN: PHILLIPSTON

STATE: MA

ZIP CODE: 01331

MANAGER: BLAKE,
KATHLEEN

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

RECREATIONAL FUNCTION HALL AT LAMB CITY CAMP GROUNDS. BUILDING IS 3000 SQ FT WITH 2 MAIN ENTRANCES LOCATED ON N & S SIDES. SERVICE ENTRANCE ON EAST SIDE. RESTROOMS, KITCHEN AND BAR ON EAST SIDE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 096800008

CITY OR TOWN PHILLIPSTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BAMS, INC.

DOING BUSINESS A PHILLIPSTON COUNTRY STORE

ADDRESS 325 STATE ROAD

CITY/TOWN: PHILLIPSTON

STATE: MA

ZIP CODE: 01531

MANAGER: MALOUIN,
BERNARD

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM SALES WITH WALK IN COOLER, REAR STORAGE ROOM, OFFICE, REST ROOM,
FRONT ENTRANCE, FRONT & REAR EXITS, 2216 SQ. FT.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

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